
FITNESS ALLOWANCE FORM

EMPLOYEE NAME	
DEPARTMENT	
ITEM PURCHASED	
ITEM/S PURCHASED	
COST	
NUMBER OF RECEIPTS ATTACHED	

Original receipts only will be processed. The amounts reimbursed are considered taxable benefits to the eligible member.

FOR THE PREVIOUS CALENDAR YEAR, THIS FORM MUST BE SUBMITTED TO PAYROLL BEFORE JANUARY 31.

Office Use Only

Amount:	Approved by:	Date: